

# CIGNA HEALTH INSURANCE CARD

Group Policy Information

## MEMBER INFORMATION

Member Name: Sarah Elizabeth Wilson

Date of Birth: 05/08/1972

Member ID: CIGNA456789012

Group Number: GRP004

Policy Number: CIG789012345

## PLAN INFORMATION

Plan Type: PPO (Preferred Provider Organization)

Effective Date: 01/01/2024

Termination Date: 12/31/2024

Network: Cigna Open Access Plus

## BENEFIT INFORMATION

Deductible: \$1,200 individual / \$2,400 family

Out-of-Pocket Maximum: \$5,000 individual / \$10,000 family

Co-pay: \$20 primary care / \$40 specialist

Emergency Room: \$150 co-pay

Hospitalization: 15% coinsurance after deductible

## PRIOR AUTHORIZATION REQUIREMENTS

Colonoscopy with Biopsy: REQUIRES PRIOR AUTHORIZATION

Authorization Phone: (602) 800-AUTH

Authorization Fax: (602) 800-FAX

Online Portal: [www.cigna.com/pa](http://www.cigna.com/pa)

Provider Portal: <https://provider.cigna.com>

## CONTACT INFORMATION

Customer Service: (602) 800-CIGNA

Claims Address: PO Box 67890, Phoenix, AZ 85001

Provider Relations: (602) 800-PROV

24/7 Nurse Line: (602) 800-NURSE

Card ID: CIGNA-2024-001237 | Issue Date: 01/01/2024 | Valid Through: 12/31/2024

For verification: [www.cigna.com/verify](http://www.cigna.com/verify) | Phone: (602) 800-VERIFY